

# ● PRINTER RUSH ●

(PTO ASSISTANCE)

Application : 10/679968

Examiner : Larson, L

GAU : 2725

From: S. G. C.

Location: IDS FMF FDC

Date: 3/4/05

Tracking #: 06074489

Week Date: 2/7/05

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> CLM	<u>12/30/2004</u>	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: Original claim 5 depends upon canceled original claim 4. Please Resolve.

Thank You,  
S. G. C.

[XRUSH] RESPONSE: \_\_\_\_\_

INITIALS:

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.

REV 10/04